

**WISCONSIN STATE ASSEMBLY
LEGAL FEES PAYMENT AGREEMENT**

I, _____, agree that I am receiving payment for my legal fees related to
_____ from the Wisconsin State

Assembly under the following conditions:

1. If I am charged with a crime, whether misdemeanor or felony, the Wisconsin Assembly's payment of legal fees on my behalf will stop immediately.
2. If I am convicted of any crime, whether misdemeanor or felony, I will repay the Wisconsin Assembly for all legal fees and costs that were paid by the Wisconsin Assembly on my behalf. If the charges are dismissed or I am found not guilty, I may submit the unpaid legal fees and costs for reimbursement.
3. If I decide to appeal a conviction, I understand that I am not entitled to payment for any legal fees or costs by the Wisconsin Assembly unless I am otherwise statutorily or constitutionally entitled to an attorney at State expense.
4. I understand that the decision whether to pay legal fees is at the discretion of the Wisconsin Assembly, including payment of legal fees and costs if the charges are dismissed or if I am found not guilty.

I understand the above conditions and signify my acceptance with my signature.

Date

Name — please sign

Name (print)

Address

Assembly Chief Clerk